

Committee on Dental Auxiliaries

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LBC APPLICATION CHECK LIST

APPLICANT NAME: _____ **DATE:** _____

- ☐ Completed application form - signed
Notarized if signed application out of State of California
- ☐ \$20.00 Application Fee
- ☐ \$51.00 Fingerprint Card Fee
Fee payment to COMDA not required if submitting live scan fingerprints.
- ☐ Copy of Diploma
- ☐ Original National Board Scorecard
This item may come independent of application.
- ☐ Fingerprint cards or Live Scan Form
- ☐ Original Certification of Nitrous Oxide, STC, and Local Anesthetic Cards
The coursework must have been completed during your hygiene education. If not, refer to the insert regarding acceptable courses.
- ☐ Completed "Certification of Dental Hygiene Clinical Practice" Form (750 hrs) and copy of contract if applicable. **(Fax copies are not accepted)**
- ☐ "Out of State" licensure certification form(s)
This item may arrive independent of application.
- ☐ Original proof of passing a State/Regional Exam
- ☐ 25 Continuing Education hours including CPR - **original and a copy**
2 hours of California Dental Practice Act and 2 hours Infection Control –
MUST BE CALIFORNIA BOARD-APPROVED COURSES
CPR Card must be from American Heart Association or American Red Cross
- ☐ Xray certification form – school seal/stamp must be applied (LBC 4/08)